

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



**INSTRUCTIONS FOR PETITION TO UNILATERALLY AMEND OR TERMINATE A SETTLEMENT
AGREEMENT**

Please read all questions carefully. Each question must be answered. If a question or one portion of the question does not apply, fill in the phrase "N/A". If you provide the answer to any question on a separate page, fill in the phrase "SEE ATTACHMENT."

Instructions for the Petition to Unilaterally Amend or Terminate a Settlement Agreement:

1. THE ALCOHOLIC BEVERAGE CONTROL BOARD WILL ONLY ACCEPT THIS PETITION IF (A) YOUR SETTLEMENT AGREEMENT HAS BEEN IN EFFECT FOR AT LEAST FOUR YEARS; (B) THE PETITION IS FILED WITH YOUR ESTABLISHMENT'S RENEWAL APPLICATION; AND (C) THE PETITION IS FILED DURING YOUR RENEWAL PERIOD.
2. YOUR PETITION WILL BE DENIED IF YOU DO NOT ATTEMPT TO LOCATE OR CONTACT THE OTHER PARTIES TO YOUR SETTLEMENT AGREEMENT AND ATTEMPT TO NEGOTIATE AN AMENDED SETTLEMENT AGREEMENT.
3. If the licensee is a sole proprietor or partnership, print the individual's name (Last Name, First Name, Middle Initial). If the licensee is a business entity, list the entity's name;
4. You must ensure that you provide all of the settlement agreements attached to your license, because the Board will only consider amending or terminating the settlement agreement or settlement agreements that are attached to this petition. You should contact ABRA's records department to determine whether there are multiple agreements attached to your license.
5. If applicant is a sole proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, President or Vice President must sign, if LLC, managing member must sign the certification, which states "Certification: I hereby certify under penalty of perjury that the information in this application is true and correct. I also certify that the above licensee is the true and actual owner of the business." Print your name and have your signature notarized;
6. Typewritten responses are encouraged. If you are filling out the Petition by hand, please print and write legibly;
7. You may write your answers on separate pages if necessary.

SPECIAL NOTICE

The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten (10) days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.

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**PETITION TO UNILATERALLY AMEND OR TERMINATE A SETTLEMENT
AGREEMENT**

OFFICIAL USE ONLY

Date Accepted:				Accepted by:				
Date Approved by Board / /	Initial: →							
Date Denied by Board / /	Initial: →							
Have four years elapsed since the date the Board approved the settlement agreement(s)? Settlement Agreement 1: <input type="checkbox"/> YES <input type="checkbox"/> NO; Settlement Agreement 2: <input type="checkbox"/> YES <input type="checkbox"/> NO (If the answer is 'NO', then the settlement agreement is not eligible for amendment or termination).								
Is this petition being submitted with a renewal application and during the licensee's renewal period? <input type="checkbox"/> YES <input type="checkbox"/> NO (If the answer is 'NO', then the settlement agreement is not eligible for amendment or termination).								

TO BE COMPLETED BY APPLICANT

1. Licensee Name (Last, First, Middle):		2. Trade Name:	
3. Current License Class:		4. License Number:	
5. Address	City	State	Zip Code
6. Telephone Number:	7. Email		
8. I have attached the settlement agreement or settlement agreements that I wish to amend or terminate to this petition. <input type="checkbox"/> YES <input type="checkbox"/> NO			
9. List the date(s) the Board approved the settlement agreement(s):			
10. What action would you like the Board to take regarding your settlement agreement(s)? <input type="checkbox"/> TERMINATE <input type="checkbox"/> AMEND <i>If you are seeking to amend your settlement agreement(s), provide the alternative settlement agreement you wish to have attached to your license on a separate sheet of paper.</i>			
12. List the parties or signatories to the settlement agreement(s) that you wish to amend or terminate.			

13. Have you made a diligent effort to locate and contact the parties or signatories to the settlement agreement(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO
14. Describe your efforts to contact or locate the other parties and the date(s) that your attempts occurred. Attach any supporting documentation (e.g., letters sent through certified mail, emails, etc.).
15. Choose at least one (1) of the following: <input type="checkbox"/> (1) I affirm that I was able to locate and contact the other parties, and the parties attempted to negotiate an amendment to the settlement agreement(s) either through an in-person meeting or through other means, but such efforts were unsuccessful. <input type="checkbox"/> (2) I affirm that I was able to locate and contact the other parties, but the other parties refused to meet or negotiate an amendment to the settlement agreement(s) <input type="checkbox"/> (3) I affirm that despite my best efforts, I could not locate or contact the other parties to the settlement agreement(s)
16. Describe how you accomplished the statement or statements that you selected (e.g., date of meeting) in question 15 and your attempts to negotiate an amendment to your settlement agreement in good faith. Attach any supporting documentation (e.g., emails, letters, etc.). If you checked box (3) in question 15, write N/A.
17. Describe the circumstances beyond your control and any changes in the neighborhood that require the amendment or termination of your settlement agreement(s).
18. Provide a detailed explanation as to whether amending or terminating your settlement agreement(s) will have an adverse impact on the relevant locality, section, or portion of the District where your establishment is located.

If applicant is a Sole proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, President or Vice President must sign, if LLC, managing member must sign the below certification.

19. "Certification: I hereby certify under penalty of perjury that the information in this application is true and correct. I also certify that the above licensee is the true and actual owner of the business." Print your name and have your signature notarized.

Printed name: _____

_____	Subscribed and sworn to before me	_____	My commission
Signature	on this _____ day of _____, 20____.	Notary Public	expires on _____

Printed name: _____

_____	Subscribed and sworn to before me	_____	My commission
Signature	on this _____ day of _____, 20____.	Notary Public	expires on _____

Printed name: _____

_____	Subscribed and sworn to before me	_____	My commission
Signature	on this _____ day of _____, 20____.	Notary Public	expires on _____

8. In what language do you need vital documents translated?

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